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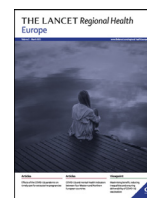
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Commentary

Evidencing the detrimental impact of the COVID-19 pandemic on mental health across Europe

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The COVID-19 pandemic is harming population mental health worldwide, but the variability of this detrimental impact across different European countries is unknown. Varga and colleagues collated data from seven similar surveys that were conducted in Denmark, France, the Netherlands and the UK and compared patterns of loneliness, worries, anxiety, and COVID-related behaviours among more than 200,000 participants [1]. Longitudinal analyses of population mental health during 2020 were reported previously from single countries, such as the UK [2], but this is the first published study to have investigated the phenomenon in multiple European nations. The temporal patterns observed in levels of anxiety and worry were mostly consistent across the four countries examined. Harmonised evidence-based continental strategies, aiming to better understand and effectively tackle the myriad damaging impacts of COVID-19, are urgently needed during this especially challenging epoch for Europe's public health leaders [3]. This multinational investigation is therefore an important step forward.

The investigators have reported several key findings. First, during the early stages of the crisis in the spring of 2020, a higher proportion of people were worried about COVID-19 than over the subsequent summer months. This indicates that worry is a transient condition for many people; a healthy reaction and a normal functional response to finding oneself in an abnormally unsettling situation. Encouragingly, the most common worry that was consistently reported was altruistic, with concern for others rather than oneself being more prevalent. Second, as was also the case prior to COVID-19, self-reported

prevalence of loneliness was higher among participants with existing mental health problems and in younger people, which concurs with reports from longitudinal investigations that were conducted during the early phases of the crisis [4]. Third, the findings that emanated from the Netherlands are distinct compared to those from the other three nations examined, in that a considerably lower proportion of people there reported being worried about COVID-19. This could reflect distinctive socio-cultural features of Dutch citizens compared to those of other European countries, as was reported from a study of adolescent self-harm comparing the Netherlands with its Low Countries neighbour Belgium [5]. Country-specific factors, such as attitudes to mental health and social connectedness, may therefore be salient in explaining the observed variability. Alternatively, the sharp contrast between the findings reported from the Netherlands versus the other three nations studied could be explained by varying sampling procedures [6]. Thus, for instance, just 2% of the Netherlands sample reported a prior mental health condition, compared with 18% and 34% of the UK and French samples, respectively. That the investigators applied estimated probability weightings may therefore not have adequately accounted for the varying selection biases present. This significant methodological concern exemplifies the challenges in striving to compare observed patterns across surveys conducted in different countries.

There are additional pertinent research questions that need to be urgently addressed to enhance our understanding of COVID-19's damaging impact on population mental health across Europe. First, to what degree has the psychological harm caused been greater and more enduring for socially deprived individuals and communities [7,8], and among people who belong to ethnic minority groups? [9] Second, how has population mental health been affected in less affluent Eastern European nations versus those in Northern and Western Europe? Third, although evidence emerged of improved mental health over the summer of 2020, what has transpired during the challenging months of the 2020–2021 Winter as the COVID-19 crisis has persisted and deteriorated? As regards this final question, it would be particularly useful to understand longer-term population mental health trajectories in countries, such as Germany, that were not so badly affected in relative terms by the initial surge of COVID-19 infections during the spring of 2020, but which have experienced

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major impact through the winter months. Also, to what degree has population mental health been adversely affected in Sweden - a country where societal COVID-19 containment restrictions have been considerably less stringent than elsewhere in Europe?

As vaccination programmes are rolled out across the continent, and the immediate impact of COVID-19 gradually abates, comprehensive public health strategies will need to optimise societal wellbeing, health and prosperity by carefully balancing the complex trade-offs between enhancing the mental health and life chances of younger people and working age adults whilst protecting the physical health and safety of older persons and individuals with existing serious physical health conditions. In the UK, Campion and colleagues have set down a useful all-encompassing roadmap for tackling the public mental health challenge posed by COVID-19, which combines primary, secondary and tertiary mental disorder prevention with proactive mental wellbeing promotion through the life-course [8]. Finally, multidisciplinary research teams across the continent should monitor temporal trends using a wide array of mental health indices [4,10] in diverse populations as the COVID-19 public health emergency evolves and the full force of the consequent economic fallout is felt.

Author Contributions

RTW, SM and RCO all contributed initial ideas for the scope, content, and structure of the Comment. RTW wrote the initial draft and all co-authors worked together to revise it. RTW wrote the final version; SM and RCO reviewed and approved it.

Declaration of Interests

All authors declare no competing interests.

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